



## Instructions For Choosing Your Beneficiary

**Please print using blue or black ink.** Keep a copy for your records and send the original form to the address above.

### Plan Provisions

**For Married Participants:** Upon your death, 100% of your benefit is payable to your spouse unless the Spousal Consent on the reverse side of this form is completed and witnessed. If you die before you begin to receive benefits and the Spousal Consent has not been completed, the plan will pay 100% of your benefit to your spouse. The terms of the Plan govern the payment of any benefit and are for the administrative convenience of the Plan and are not required by law. These rules do not affect rights you may have under federal or state law such as community property laws.

**Note:** Even if your current beneficiary is a trust or estate of which your spouse is a beneficiary, spousal consent is necessary. Without such waiver and consent, the death benefit cannot be paid until the Plan has consulted with counsel.

Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

### General Provisions

- A. The terms of the plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named and no percentages are indicated, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Contingent beneficiary(ies) listed, if applicable.
- D. Payment to Contingent beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the plan.
- E. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.
- F. The validity of a beneficiary designation is determined at the date of death. A designation may be valid when executed, but may become invalid later due to a change in marital status.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

- 1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
- 2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
- 3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
- 4. **"My Estate"** if you want the benefit to be paid to your estate.



### About You

(Please print  
using blue or  
black ink.)

Plan number

0 0 2 4 1 3

Marital status

☐ Married☐ Single, widowed or legally divorced

Social Security number

- - - - -

Daytime telephone number

- - - - -

area code

First name

MI

Last name

Address

City

State

ZIP code

Are you still employed by the employer sponsoring the plan?

☐ Yes☐ No

### Your Beneficiary Designation

(See  
"Instructions  
for Choosing  
your  
Beneficiary")

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below.

#### (A) Primary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My  
Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My  
Relationship

Please use whole percentages - must total 100%.

#### (B) Contingent Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My  
Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My  
Relationship

Please use whole percentages - must total 100%.

### Spousal Consent

If you are naming a beneficiary other than your spouse, signed consent by your spouse is required. If not provided, your spouse will receive the account balance. This section does not need to be completed if you are single, or your spouse is your sole beneficiary for 100% of your account balance.

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefits to be paid to someone other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

X

Date

Spouse's signature - must be witnessed by a notary public OR authorized plan representative.

Notary Stamp or Seal

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, the year \_\_\_\_\_

My notary commission expires \_\_\_\_\_ with the state of \_\_\_\_\_

Signature of ☐ notary or ☐ authorized plan representative

X

Date

### Your Authorization

Signature X

Date

#### DID YOU REMEMBER TO:

- Sign the form
- Use whole numbers
- Initial any changes
- Have your spouse's signature notarized